Testimony in Support of Senate Bill 68
Senate Health Policy Committee, March 10, 2015

Good morning Chairman Shirkey and members of the Senate Health Policy Committee. Thank you for this opportunity to testify in support of Senate Bill 68. My name is Kathleen Potempa, and I am the Dean of the School of Nursing at the University of Michigan and immediate past president of the American Association of Colleges of Nursing – an organization that contributes to many inter-professional forums on advanced practice in nursing, including those of the Institute of Medicine and Robert Wood Johnson Foundation.

My comments today relate to both the alignment of SB68 with national trends and the important ways SB68 would facilitate access to care, transparency and accountability of care providers and processes here in Michigan. The passage of SB68 would also allow Michigan citizens to reap and leverage the benefits of their tax-dollar investment in the education of advanced practice registered nurses [APRNs] at Michigan universities, some of the finest in the country.

First, the passage of SB68 would put Michigan into a growing and longstanding group of states that recognize the important work of APRNs through the provision of a clear definition of advanced practice nursing, as well as the definition of the clinical practices in which APRNs can engage with transparency and accountability. By this, I mean that SB68 would allow licensed APRNs who meet the training requirements and pass national standards for certification in their area of expertise to diagnose, treat and prescribe medication to their patients within this defined area of expertise. This practice activity would occur without unnecessary bureaucracy that limits access to the care APRNs can provide and also would create greater transparency and accountability to patients.

For example, one of the nurse practitioner faculty at the University of Michigan provides 95% of the care to an adolescent population at a large clinic near Ann Arbor. Yet, with the current public health code's lack of a defined scope of practice for APRNs, this nurse practitioner works under a Registered Nurse's (RN) scope of practice and has a 'delegating' physician who may never see or know the patients under the faculty member's care. Furthermore, the laboratory results and

referral reports go to the delegating physician because his/her name is on the chart as the provider. Not only is appropriate follow-up care to patients delayed because of this, but the unnecessary time involved in sorting information to find the right information for the nurse practitioner's patients is enormous.

It is clear from this example that both the patient and the physician have a high degree of trust in the care the nurse practitioner is providing, and yet the restrictions set forth in the current law requiring 'delegated authority' creates a bureaucracy that works against the best interest of patients.

This is just one example of how the current state of the Michigan Public Health Code related to APRNs is not tenable for a progressive Michigan that seeks to provide broad access to care and that seeks to have transparency and accountability for all care providers.

I want to end with a word about 'the health care team' so often invoked as a reason not to change the current public health code and state of affairs. Nurses have been core members of health care teams as far back as Florence Nightingale, who as a nurse brought physicians and others into a team of people managing populations ravaged by war and set public health standards emanating from that activity. Since that time, nurses have held significant roles in public health, hospitals and communities contributing to and leading teams for better health. Team-based care is nothing new, nor is it new to nursing.

In the current vernacular of 'team-based care,' APRNs can and should contribute as full-fledged providers able to participate in panels with transparency and accountability for the care that they provide, not be hidden from the public behind a delegating physician who likely has no or little knowledge of the patients to whom the APRN provides care. In rural and underserved communities in particular, which this bill aims to serve by encouraging APRNs to work in Health Shortage Resource Areas, the ability for APRNs to be visible and accessible is often key to bringing other providers such as physicians, through appropriate referrals, to patients who may need their particular expertise. The 'team' in the current and evolving health care environment needs to be constructed so that all providers work together capitalizing and leveraging the best that each offers. This

concept of team can only be realized when every provider is working to their full, visible, transparent and accountable capacity without bureaucratic constriction.

I am optimistic that Michigan is ready to embrace the benefits of such a concept of advanced practice and team function that allows maximum benefit to patients and communities. As an educator and an advanced practice clinician with decades of significant experience both in Michigan and in states with more transparent practice, I can say that there is really nothing to fear. APRNs have been shown through decades of data to be up to the task of accountability for their practice – they have been shown to practice with a high degree of quality; to refer appropriately to others as is the requirement of all health care professionals; and have proven themselves to participate as strong team members and strong team leaders across situations and environments.

In closing, as citizen of Michigan, a dean and a patient who myself uses nurse practitioner and physician services, I urge you to support SB 68.